

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. **21815**Registration District No. **398**Primary Registration District No. **3019**Registrar's No. **165**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Independence**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Independence San.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days

3. (a) PRINT FULL NAME **Gordon F. Robbins**3. (b) If veteran, name war _____ 3. (c) Social Security No. **None**4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **no record**
(Month) (Day) (Year)8. AGE: Years **74** Months _____ Days _____ If less than one day _____ hr. _____ min.9. Birthplace **West Virginia**
(City, town, or county) (State or foreign country)10. Usual occupation **retired**

11. Industry or business _____

12. Name **no record**13. Birthplace **no record**
(City, town, or county) (State or foreign country)14. Maiden name **no record**15. Birthplace **no record**
(City, town, or county) (State or foreign country)16. (a) Informant **Mr. R. A. Sienor**(b) Address **Lawrenceville Mo.**17. (a) **Burial** (b) Date thereof **June 21, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation **Mt. Washington**18. (a) Signature of funeral director **George C. Wilson**(b) Address **Independence Mo.**19. (a) **June 21, 1941** (b) **F. L. Cook M.D.**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **9519 Van Horn**
(If rural, give location)
(e) If foreign born, how long in U. S. A. **1** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **19** year **1941** hour **2:30** minute **P.M.**21. I hereby certify that I attended the deceased from **6/14**, 19**41**, to **6/19**, 19**41**; that I last saw him alive on **6/19**, 19**41**; and that death occurred on the date and hour stated above.Immediate cause of death **Peritonitis; acute General Myocarditis**Due to **Perforated appendix**

Due to _____

Other conditions **12/11**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **36?**(Specify type of place) While at work? **Drillman** (e) Means of injury _____23. Signature **Drillman** (M. D. or other) **A.M.D.**Address **10307 Andy Ave** Date signed **6/21/41**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Raymond N. Martin

Licensed Embalmer No. *4150*

P. O. Address *Independence, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.